



APPLICATION FOR A CERTIFICATE OF COMPETENCY

Contractor Licensing Department, 2300 Virginia Ave, Ft Pierce, FL 34982

Phone: (772) 462-1672 Fax: (772) 462-1148, http://www.stlucieco.org/planning/contract_licen.htm

If you are applying to become a contractor and would like for St. Lucie County, Contractor Licensing Department to sponsor you for the exams, please submit the following:

1.	The First (4) Four Pages of the Application. (NO BLANKS) (Please see attached application)
2.	<p>St. Lucie County Application fee \$150.00 (Subject to change)</p> <p>PLUS,</p> <p>the Business and Law sponsorship fee of \$50.00.</p> <p>PLUS</p> <p>The sponsorship fee of \$75.00 for all trades except the Master Electrical and Awnings Trade.</p> <p>Master Electrical trade the fee is \$100.00.</p> <p>Awnings Trade, please contact the office for more information.</p> <p>(Checks and money orders should have the driver's license number of the person making the payment and payable to St. Lucie County. We also accept Visa, Master Card, Discover or Cash if you are submitting the application in person)</p>
3.	(1) One Full Faced View Photograph. Approximately 2"x 2". (NO COPIES)
4.	A clear copy of the applicant's Driver's License.
5.	<p>At least (1) one letter of recommendation from a contractor verifying the required years of experience of the trade being applied for. The letter shall address the applicants knowledge, experience and ability as a contractor for the trade being applied for. The letter must be from a state certified or registered contractor or a local licensed contractor of the same trade that is being applied for. The letter must be dated and sign by the license holder and must be notarized.</p> <p>Please note this letter is one of a total of three letters that you would need to complete the application process.</p> <p>Please see #6 of the checklist for more information</p>

Once the above items are submitted and approved, the Exam Registration Form for the testing agency, Prometric, will be signed off by St. Lucie County Staff. You will have 6 months from the date the form was signed to contact Prometric and schedule the exam(s). You could contact Prometric at 1-800-280-3926 or go to their website at <https://www.prometric.com/en-us/clients/Florida/Pages/landing.aspx> for the exams schedules.

To take the exams with GITS LLC please contact staff for more information.

Once you have passed the exams, please continue to the check list below to complete the application process. The complete application including the test scores would need to be submitted by the cut-off date provided to go before the Contractor Licensing Board for approval. (Please see the last page of this application)

ALL NOTARIZED DOCUMENTS MUST HAVE THE ORIGINAL SUBMITTED.

No documents submitted with an application shall be older than six (6) months at the time of submittal.

If the applicant is reciprocating from another Municipality, please provide all that applies from the Check list below:

CHECK LIST

<input type="checkbox"/>	1. <u>Application</u> – Completely filled out, no blanks (please see attach application pages 1-5)
<input type="checkbox"/>	2. A Full Faced View Photograph 2"x2" of Applicant - <u>NO COPIES</u>
<input type="checkbox"/>	3. A clear copy of the applicants <u>Driver's License</u> .
<input type="checkbox"/>	4. <u>Application Fee:</u> \$150.00 (Subject to change) (checks and money orders should have the driver's license number of the person making the payment and make checks payable to St. Lucie County.) <u>Sponsorship Fee</u> (if applicable.)
<input type="checkbox"/>	5. <u>A letter of reciprocity from the sponsored jurisdiction</u> for those applicants who have obtained a grade of 70.0% or higher. When submitted, the date of the competency examination shall not be older than five (5) years. If the date of the competency examination is older than 5 years, the applicant must provide proof of working in their trade for that period. Upon receipt of proof of employment in the trade for the last five (5) years, the letter of reciprocity will be accepted. <p style="text-align: center;"><u>A letter of reciprocity shall be no older than six (6) months.</u> If St. Lucie County Sponsored the applicants, the test scores will automatically be added to the file.</p>
<input type="checkbox"/>	6. <u>A Total of three (3) letters of recommendation</u> , two (2) from reputable business or professional persons <u>not related by blood or marriage</u> to the applicant. One (1) of the letters of recommendation verifying the required years of experience shall be from a contractor certified or registered by the State of Florida or the state in which the applicant most recently resided before becoming a resident of the State of Florida. A letter from a local Contractor who holds an active Certificate of Competency is accepted as long as the Certificate of Competency is of the same trade that is being verified. The contractor's license number must be included in the letter. If the contractor who is verifying the experience is related by blood or marriage, the contractor must provide proof of being active as a contractor registered or certified by the State of Florida or the State in which the contractor most recently resided or had a local Certificate of Competency at the time of verification and must be of the same trade that is being verified. All three (3) letters of recommendation shall address the applicant's knowledge, experience, and ability as a contractor. <p style="text-align: center;"><u>All three (3) letters shall be notarized</u></p>
<input type="checkbox"/>	7. A <u>Financial Statement</u> that is signed and dated and not over six (6) months old. The enclosed Examining Boards approved Financial Statement may be completed & submitted. (Page 7) <p style="text-align: center;"><u>If the application is for a CORPORATION, only a Corporation Financial statement is required.</u> <u>If the application is for a SOLE PROPRIETOR, a Personal Financial Statement is required.</u></p> The financial statement submitted must reflect current net worth requirements for category being applied for and must be notarized

CHECK LIST

8.	Provide a current and valid Certificate of Insurance General Liability and Workers' Compensation. (The certificate of insurance shall be as prescribed by County Code of Ordinances and Compiled Laws and the Florida Construction Industry Licensing Board.) The Certificate should contain:
a.	Policy Number, Effective Date & Expiration Date
b.	Cancellation Statement shall be completed and signed by Insurance Agent
c.	<u>Certificate Holder should read</u> <div style="text-align: center;"> St. Lucie County Contractor Certification 2300 Virginia Avenue Fort Pierce, Florida 34982 </div>
d.	The Certificate of Insurance shall be with an Insurance Company authorized to do business in the State of Florida and reflect coverage for the State of Florida .
e.	Please make sure that the Business Name, Workers' Compensation/Liability "Insured" name and the State License name (if applicable) all match <u>EXACTLY</u> .
	(Please see the description of your trade to determine the insurance coverage requirement.)

9.	Affidavit from Florida Department of State, Division of Corporations, that applicant has complied with the State Fictitious Name Law, (if applicable).
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10.	<p>A Credit Report is required. THE CREDIT REPORT SHOULD BE ADDRESSED TO:</p> <div style="text-align: center; padding: 10px;"> ST. LUCIE COUNTY CONTRACTOR CERTIFICATION 2300 VIRGINIA AVENUE FORT PIERCE, FL 34982 </div> <p>THE <u>ORIGINAL</u> CREDIT REPORT NEEDS TO BE MAILED BY THE CREDIT BUREAU DIRECTLY TO ST. LUCIE COUNTY CONTRACTOR CERTIFICATION. A Credit Report cannot be used if it is over six (6) months old. <u>All CREDIT REPORTS WILL NEED TO CONTAIN A PUBLIC RECORDS CHECK AND CONTAIN SUFFICIENT CREDIT INFORMATION SO THAT THE COUNTY EXAMINING BOARD MAY DETERMINE AN ACCURATE CREDIT STATUS.</u></p> <p><u>If the application is for a CORPORATION, only a Corporation CREDIT REPORT is required.</u> <u>If the application is for a SOLE PROPRIETOR, a Personal CREDIT REPORT is required,</u></p>
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11.	Provide copy of applicant's current and valid State Registration (if applicable).
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12.	Copy of the Corporate Charter with document number and Meeting Minutes for the Articles of Incorporation. (If it's a Corporation or LLC).
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Board Dates are scheduled every other month on the 3rd Wednesday of the month and the cut-off date is the 1st Friday. (The Board meeting schedule is at the end of the application)

Applicant is responsible for making sure application is complete prior to cut-off date.

All items on the checklist that applies including the test scores must be submitted to complete the application.

ST. LUCIE COUNTY APPLICATION

APP FEE	\$150.00	DATE APPLIED:		CERTIFICATE #:	
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DO NOT WRITE ABOVE THIS LINE

INSTRUCTIONS:

PAYMENT IS REQUIRED AT THE TIME OF SUBMITTING AN APPLICATION TO COUNTY EXAMINING BOARD. **APPLICATION FEES ARE NOT REFUNDABLE. ALL CHECKS WILL BE MADE PAYABLE TO: ST. LUCIE COUNTY.** THE APPLICATION IS AN AGREEMENT AUTHORIZING THE EXAMINING BOARD TO OBTAIN ANY ADDITIONAL INFORMATION CONCERNING THE APPLICANT'S APPLICATION. THIS INFORMATION MAY CONCERN THE APPLICANT'S FINANCIAL, CREDIT, COLLECTIONS, TAX LIEN STATUS, AND JUDGMENTS. A CONVICTION OF A FELONY IN THE LAST FIVE YEARS MAY RESULT IN A DENIAL OF YOUR LICENSE, PER ST. LUCIE COUNTY CODE OF ORDINANCES.

(CHECK ONE) CONTRACTOR TYPE		
(1)	GENERAL	
(2)	BUILDING	
(3)	RESIDENTIAL	
(4)	PLUMBING	
(5)	ELECTRICAL	
(6)	A/C	
(7)	SPECIALTY Name the Trade	

PLEASE PLACE
PHOTOGRAPH OF
APPLICANT HERE.
PHOTO MUST BE FULL-
FACED VIEW
APPROXIMATELY 2"x 2".
A CLEAR &
RECOGNIZABLE
LIKENESS.

FLORIDA DRIVERS LICENSE # OR VALID ID		SOCIAL SECURITY #:	
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APPLICANT'S NAME					
	FIRST		MIDDLE		LAST
HOME ADDRESS:					
	STREET ADDRESS OR PO BOX		CITY	ST	ZIP CODE
HOME NUMBER			Email:		
DATE OF BIRTH		GENDER	() MALE	CITIZEN OF THE UNITED STATES	() YES
			() FEMALE		() NO
If NO, please provide proof of authorization from the US Dept. of Immigration and Naturalization to work in the United States.					

BUSINESS TYPE:	() SOLE PROPRIETOR	() INDIVIDUAL	() CORPORATION
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BUSINESS NAME:					
MAILING ADDRESS:					
	STREET ADDRESS OR PO BOX		CITY	ST	ZIP CODE
PHONE NUMBER:			Email:		
FAX NUMBER			TITLE	# OF YEARS	

1. GIVE HISTORY OF YOUR EXPERIENCE IN THE CONSTRUCTION BUSINESS DURING THE LAST TEN (10) YEARS. (PLEASE STATE LENGTH OF TIME IN EACH FIELD AND EMPLOYER.)

2. LIST NAME AND ADDRESSES OF ALL BUSINESSES APPLICANT OWNS OR HAS OWNED IN THE PAST FIVE (5) YEARS.

3. MATERIAL SUPPLIERS WITH WHICH YOU REGULARLY DO BUSINESS. (IF YOU CANNOT COMPLY, SUBSTITUTE TWO OTHER SIMILAR BUSINESS REFERENCES), WITH NAMES AND ADDRESSES:

4. I AM NOW DULY LICENSED AS A _____ CONTRACTOR IN THE FOLLOWING MUNICIPALITIES: **(LEAVE BLANK IF NO LICENSE HELD) DO NOT LIST OCCUPATIONAL LICENSE NUMBERS.**

<u>NAME OF MUNICIPALITIES</u>	<u>COMPETENCY NUMBER</u>

(QUESTIONS 1 THRU 5 TO BE ANSWERED BY **APPLICANT/QUALIFIER**) IF YOUR ANSWER IS YES TO THE FOLLOWING QUESTIONS, PLEASE EXPLAIN THE CIRCUMSTANCES IN DETAIL ON A SEPARATE ATTACHED SHEET:

1. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH FAILED TO PAY ALL SUBCONTRACTOR'S, MATERIAL SUPPLIES, OR LABORERS ON CONTRACT?

YES	
NO	

2. HAVE YOU EVER BEEN A MEMBER OF A FIRM, WHICH HAS FAILED TO COMPLETE A CONTRACT?

YES	
NO	

3. HAVE YOU EVER HAD A LIEN FILED AGAINST YOU, AS A CONTRACTOR OR YOUR BUSINESS?

YES	
NO	

4. HAVE YOU EVER BEEN CONVICTED OR PRESENTLY CHARGED WITH A MISDEMEANOR INVOLVING MORAL TURPITUDE OR A FELONY WITHIN THE LAST FIVE (5) YEARS?

YES	
NO	

5. HAVE YOU EVER HAD YOUR CERTIFICATE OF COMPETENCY SUSPENDED OR REVOKED? HAS THE DEPARTMENT OF PROFESSIONAL REGULATION SUSPENDED OR REVOKED YOUR CERTIFICATION OR REGISTRATION?

YES	
NO	

"I CERTIFY THAT I WILL ACT FOR THE PARTNERSHIP, FIRM OR CORPORATION FOR WHICH I AM THE QUALIFIER, IN ALL MATTERS CONCERNING THE CONTRACTING BUSINESS, AND I WILL ACTIVELY SUPERVISE ALL CONSTRUCTION WORK AND BE RESPONSIBLE FOR ASCERTAINING THAT ALL SUCH WORK IS COMPLETED ACCORDING TO APPROVED PLANS, APPLICABLE BUILDING CODES AND GOOD CONSTRUCTION STANDARDS. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD IF I SEVER BUSINESS CONNECTIONS, WITH THE PARTNERSHIP, FIRM OR CORPORATION CONCERNED IN THIS APPLICATION, OR AM NO LONGER ACTIVELY SUPERVISING THE CONSTRUCTION WORK. I WILL IMMEDIATELY NOTIFY THE ST. LUCIE COUNTY EXAMINING BOARD OF ANY CHANGE IN MY BUSINESS STATUS AND/OR IN MY CONTRACTORS' STATUS, FROM THAT STATED IN THIS APPLICATION. I UNDERSTAND THAT SHOULD I HAVE A CHANGE IN MY BUSINESS STATUS AND/OR A CHANGE IN MY CONTRACTORS' STATUS, I AM REQUIRED TO SUBMIT A NEW APPLICATION TO THE EXAMINING BOARD TO REFLECT MY CHANGE IN STATUS. I FURTHER UNDERSTAND THAT MY NEW APPLICATION WILL BE PROCESSED IN THE SAME MANNER AS MY INITIAL APPLICATION AND ALL REQUIRED DOCUMENTS SHALL BE PROVIDED. I SHALL NOTIFY THE EXAMINING BOARD OF ALL CHANGES IN MY BUSINESS AND HOME MAILING ADDRESSES AND TELEPHONE NUMBERS INCLUDING CHANGES IN ZIP CODES AND TELEPHONE AREA CODES."

AFFIDAVIT

TO BE ATTESTED TO BEFORE A NOTARY PUBLIC:

STATE: _____

COUNTY: _____

BEFORE ME, AN OFFICER DULY QUALIFIED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENT, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON HEREIN DESCRIBED AND SUBSCRIBING HERETO, AND ON OATH DEPOSES AND SAYS: THAT THE STATEMENTS MADE IN THIS APPLICATION, TO THE BEST OF HIS/HER KNOWLEDGE, ARE TRUE AND CORRECT.

STATE OF FLORIDA
COUNTY OF _____

The forgoing instrument was acknowledge before this
_____ day of _____, 20 ____ by
_____, who is
personally known to me or has produced _____
_____ as identification.

Signature of Applicant

Signature of Notary

CORPORATE AUTHORIZATION FORM

(THIS FORM IS TO BE COMPLETED ONLY IF APPLYING AS A CORPORATION OR LLC)

St. Lucie County
Contractor Certification
2300 Virginia Avenue
Fort Pierce, FL 34982

I hereby certify that:	
	(Qualifier's Name)
Is the Qualifying Agent for:	
	(Name of the Corporation)
Located at:	
	(Corporation's Mailing Address)

And that he/she, as the Qualifying Agent, is legally qualified to act for the Corporation in all matters connected with the Corporation's contracting business and that he/she has the authority to supervise construction undertaken by the Corporation. The Qualifying Agent is authorized to take the required competency examination in order to qualify this Corporation and supervise construction and installation undertaken under the County Certificate of Competency being applied for.

I further certify that the Corporation will notify St. Lucie County Contractor Certification within forty-five (45) days should there be any changes in the information contained in the Qualifying Agent's application and should the Qualifying Agent cease to be affiliated with this Corporation.

President or Vice-President

FINANCIAL STATEMENT

Statement of Financial Condition of:			
Complete Name			
<u>If the application is for a CORPORATION, only a Corporation Financial statement is required.</u> <u>If the application is for a SOLE PROPRIETOR, a Personal Financial Statement is required</u>			
CURRENT ASSETS	AMOUNT	CURRENT LIABILITIES	AMOUNT
Cash in Bank	\$	Accounts Payable	\$
Notes Receivable	\$	Notes Payable in Bank	\$
Accounts Receivable	\$	Other Notes Payable	\$
Inventory	\$	Notes Receivable Discounted	\$
U.S. Government Securities	\$	Mortgages and Bonds Payable	\$
Other Current Assets (Itemized)	\$	Accrued Income Taxes	\$
	\$	Wages & Interest	\$
	\$	Other Current Liabilities (Itemized)	\$
	\$	Credit Cards	\$
TOTAL CURRENT ASSETS	\$	TOTAL CURRENT LIABILITIES	\$
Land	\$	Other Liabilities Due after 1 year (Itemized)	\$
Buildings Net (After Depreciation)	\$		
Machinery, Fixtures & Equipment (After Depreciation)	\$	TOTAL LIABILITIES	\$
Leasehold Improvements Net (After Depreciation)	\$		
Cash Value Life Insurance	\$	Capital Stock Surplus (If Corp)	\$
Stocks and Bonds	\$		
Prepaid Expenses and Deferred Charges	\$		
Other Assets (Itemized)	\$	Capital (If Corporation or Partnership)	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

Please Note: Total Assets must equal Total (Liabilities and Net Worth)

STATE OF FLORIDA

COUNTY OF _____

The forgoing instrument was acknowledge before this
 ____ day of _____, 20 ____ by
 _____, who is
 personally known to me or has produced _____
 _____ as identification.

Signature of Applicant

Signature of Notary



Affidavit

CONSTRUCTION INDUSTRY CERTIFICATE OF ELECTION TO BE EXEMPT FROM THE FLORIDA WORKERS' COMPENSATION LAW

I, _____, have filed the State of Florida Certificate to be exempt from the Florida Workers' Compensation Law, and have submitted a copy of the exemption to the Contractor Certification Division in lieu of a Certificate of Insurance for Workers' Compensation Insurance.

At the present time, I have no employees. I understand that if I hire any employees I must submit a Certificate of Insurance to the Contractor Certification Division providing evidence that appropriate Workers' Compensation Insurance is in place for those employees prior to commencement of any work, in accordance with the Florida Statutes.

STATE OF FLORIDA
COUNTY OF _____

The forgoing instrument was acknowledge before this
_____ day of _____, 20____^b y
_____, who is

personally known to me or has produced _____
_____ as identification.

Signature of Applicant

Signature of Notary

Re: Collection of Personal Information

We care about your privacy and endeavor to protect it to the greatest extent possible. In order to obtain information to protect our office, and to provide you with benefits, certain personal information from you and your dependents must be obtained. For your information, social security numbers and benefits information are not subject to Florida's public records laws and are not furnished to anyone, unless properly subpoenaed by a court of law or provided to an agency whose need for the social security numbers are necessary to carry out their function. Your social security number will be obtained solely for the purpose of fulfilling duties and responsibilities as prescribed by law and include:

1. To process and report wages pursuant to the Social Security Administration Act
2. To report income pursuant to the Federal Department of Internal Revenue Service
3. To follow the guidelines set forth by the U.S. Citizen and Immigration Service
4. To initiate and process applicant or employee background checks
5. Drug Screening Test Identification
6. Process employment benefits including, but not limited to, Health Insurance, Florida Retirement, Income Reporting, Unemployment Compensation and Worker's Compensation.

ST. LUCIE COUNTY, FLORIDA CONTRACTOR CERTIFICATION BOARD 2015 BOARD MEETING SCHEDULE

THE FOLLOWING CUT OFF DATES ARE FINAL. APPLICATIONS SUBMITTED AFTER THE CUTOFF DATE WILL BE SCHEDULED FOR THE FOLLOWING MONTHLY BOARD MEETING, IF COMPLETED. IF APPLICATIONS ARE NOT COMPLETED, THEY WILL NOT BE REVIEWED.

Complete application includes everything on the check list including the test scores.

CUT OFF DATES

January 2, 2015

March 6, 2015

May 1, 2015

July 3, 2015

September 4, 2015

November 6, 2015

BOARD MEETING DATES

January 21, 2015

March 18, 2015

May 20, 2015

July 15, 2015

September 16, 2015

November 18, 2015

NOTE: Staff reserves the right to move applications to the next Agenda.

The Contractor Certification Board meets the third Wednesday of the month in the Commission Chambers, Roger Poitras Annex, 2300 Virginia Avenue, Fort Pierce, Florida, from 8:30 A.M. to 12 NOON. You can contact our office @ (772) 462-1672 or (772) 462-1673 for directions and questions.